

1 UNITED STATES DISTRICT COURT  
2 FOR THE DISTRICT OF ALASKA  
3

4 KIMBERLY ALLEN, Personal  
5 Representative of the ESTATE  
6 OF TODD ALLEN, Individually,  
7 on Behalf of the ESTATE OF  
8 TODD ALLEN, and on Behalf of  
9 the Minor Child PRESLEY  
10 GRACE ALLEN,

11 Plaintiffs,

12 vs.

13 UNITED STATES OF AMERICA,

14 Defendant.

15 Case No. A04-0131 (JKS)

16 **DEPOSITION OF SUSAN K. DIETZ, M.D.,**

17 taken on behalf of the Plaintiffs, pursuant to notice,  
18 at the offices of Delaney, Wiles, Hayes, Gerety, Ellis &  
19 Young, 1007 West 3rd Avenue, Suite 400, before Gary  
20 Brooking, Registered Professional Reporter for Alaska  
21 Stenotype Reporters and Notary Public for the State of  
22 Alaska.  
23  
24  
25

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1 **Code 99. What was your understanding of what was**  
 2 **going on with him when he appeared at the ER?**

3 A. Well, he was basically dead in the field  
 4 when the medics found him. And they resuscitated and  
 5 got cardiac activity back. And he basically came in  
 6 as that.

7 **Q. Okay. And then did you know why -- you**  
 8 **know, when he first presented, did you have any idea**  
 9 **as to what caused him to be in that condition?**

10 A. I don't remember when I -- typically, what  
 11 will happen is I'll get an ambulance report prior to  
 12 them coming in. And that will just basically tell me  
 13 that they're Code 99 and what -- what -- what's been  
 14 done in the field. It won't give me any history.

15 **Q. But typically then, if there's a Code 99 and**  
 16 **the ambulance is rushing a patient to the ER, do you**  
 17 **get some information ahead of time then from the**  
 18 **transport team?**

19 A. I will get some information ahead of time  
 20 that's usually given to me from a nurse that took the  
 21 medic report over the radio. And that will basically  
 22 just tell me that it's a 30-ish, 40-ish -- in this  
 23 case, it would have said something like "30-ish male  
 24 down in the field and resuscitated." It would be very  
 25 basic.

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1 **Q. And then do you --**

2 A. And then the rest of the report comes from  
 3 the medic who's transporting the patient in.

4 **Q. And then I'm just curious how it works.**  
 5 **Generally, when you get a call like that, do you have**  
 6 **folks kind of ready at the ER that --**

7 A. Yes. A code team would have been assembled.  
 8 And our code team, it consists of a physician,  
 9 numerous emergency medicine nurses. It would consist  
 10 also of a critical care pharmacist, x-ray, laboratory.

11 **Q. And when the patient presents -- under these**  
 12 **circumstances, it's a Code 99, you get the call ahead**  
 13 **of time, you assemble a team. And obviously, the**  
 14 **patient can't give you a history. What do you do in**  
 15 **terms of getting a history on the patient?**

16 A. As the medics are bringing the patient in,  
 17 transporting them from their gurney to our gurney,  
 18 they're giving us a history. One of them has been  
 19 assigned to give us the history.

20 **Q. And the history is?**

21 A. The history in this case was -- was a  
 22 gentleman that had been brought -- I have to refer  
 23 over to the chart.

24 **Q. Sure. That's fine.**

25 A. A gentleman that had been brought from a

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1 hotel. And I think his wife was en route behind us.  
 2 I don't remember exactly where she came in. But that  
 3 he had -- and if I recall, I think I was seeing him in  
 4 the early evening hours; and that he had had a  
 5 headache since the -- since the morning, and had been  
 6 basically in bed in the hotel with a headache; and  
 7 that his wife had found him, if I -- I think I might  
 8 have put in here that she just described him in  
 9 respiratory distress and called medics. And when they  
 10 arrived, they found him.

11 **Q. In a situation where you have a patient**  
 12 **showing up in the circumstances of, you know, Todd**  
 13 **Allen, where he can't give you a history but he has**  
 14 **got a family member there, do you generally rely on**  
 15 **the family member to give you a history?**

16 A. Well, the initial history, when somebody is  
 17 critical, is coming from the medics, because usually  
 18 the family is not right there or they're distraught in  
 19 the hallway with clerical -- clerical support. Now,  
 20 as soon as I can, I would usually excuse myself  
 21 outside the room and talk with the family to get more  
 22 history. But that's going to be variable when that  
 23 occurs.

24 **Q. And in this case, did you actually talk**  
 25 **directly to the wife?**

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1 A. I did, uh-huh.

2 **Q. Do you remember anything about her?**

3 A. Yeah. I remember -- I mean, I remember her.

4 **Q. Okay. What do you remember about her?**

5 A. Just remember that she was a young lady and  
 6 distraught.

7 **Q. Do you remember whether or not she was able**  
 8 **to communicate with you kind of directly about what**  
 9 **had happened that day or --**

10 A. Yeah.

11 **Q. Was she able to impart information to you, I**  
 12 **guess is what I'm -- I mean, I understand she was**  
 13 **distraught, but was she able to communicate with you?**

14 A. Yes. She could communicate, yeah.

15 **Q. What did she tell you?**

16 A. She basically told me essentially what the  
 17 medics had told me, was that they were up -- I don't  
 18 know why I remember this, but they were shopping for  
 19 paint for their new house. And that's why they were  
 20 in -- because I -- I didn't know why he was in a  
 21 hotel. That was -- I mean, I didn't know if he was a  
 22 transient in a hotel or what. I don't get too many  
 23 codes from a hotel. That's probably why that stands  
 24 out to me. But that they were out shopping for paint,  
 25 and that he had developed a headache; and that he had

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<p>1 surgical candidate, and so the initial phone</p> <p>2 conversation I had was with a neurosurgeon.</p> <p>3 <b>Q. And was that Dr. Godersky?</b></p> <p>4 A. Dr. Godersky. And based off of the phone</p> <p>5 consultation I had with him, I did not admit to him,</p> <p>6 because there was not a surgical thing that he could</p> <p>7 correct.</p> <p>8 <b>Q. And then did Dr. Godersky look at any --</b></p> <p>9 <b>were any films e-mailed to him or sent to him, or was</b></p> <p>10 <b>this based on a conversation?</b></p> <p>11 A. No. This was based strictly off a</p> <p>12 conversation that I had with him.</p> <p>13 <b>Q. Okay. And what did he tell you? I mean,</b></p> <p>14 <b>what was your understanding as to why he said, "I</b></p> <p>15 <b>can't do anything"?</b></p> <p>16 A. Because of the patient's clinical</p> <p>17 presentation, because the patient wasn't responding.</p> <p>18 <b>Q. Again, on Exhibit 22, on the next page -</b></p> <p>19 <b>it's Bates stamped Allen(Providence)-60 - it says</b></p> <p>20 <b>emergency -- and I'm looking under the "Emergency</b></p> <p>21 <b>Department Course." It says, "His STAT head CT showed</b></p> <p>22 <b>a subarachnoid hemorrhage with very significant</b></p> <p>23 <b>amounts of cerebral edema." And what is cerebral</b></p> <p>24 <b>edema?</b></p> <p>25 A. Brain swelling.</p>	<p>1 that's why his clinical presentation --</p> <p>2 <b>Q. That's why he presented the day he did?</b></p> <p>3 A. Right. But, no, the second reason he</p> <p>4 couldn't operate is because there wasn't -- there</p> <p>5 wasn't any hydrocephalus.</p> <p>6 <b>Q. And if you want to take a break at any</b></p> <p>7 <b>time --</b></p> <p>8 A. I will give her (baby daughter Madison) a</p> <p>9 few more minutes.</p> <p>10 <b>Q. And then you admitted him to Dr. Lee's care?</b></p> <p>11 A. Right.</p> <p>12 <b>Q. Tell me what your thinking was at that</b></p> <p>13 <b>point.</b></p> <p>14 A. Well, if it's nonsurgical, then the patient</p> <p>15 needs to go to a critical care bed and is usually</p> <p>16 treated by a nonsurgeon. Since he was on a</p> <p>17 ventilator, I would often admit that to either</p> <p>18 pulmonary -- it just kind of becomes a toss-up whether</p> <p>19 you admit to a neurologist, to a pulmonary, or to</p> <p>20 internal medicine. In this case, I spoke with all</p> <p>21 three, and I ended up admitting to internal medicine</p> <p>22 because he was impending death.</p> <p>23 <b>Q. Okay. And I copied one of Dr. Lee's notes</b></p> <p>24 <b>just because I wanted to ask you if reading it in any</b></p> <p>25 <b>way, you know, helps your memory about this case, not</b></p>
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<p>1 <b>Q. It says, "No evidence of hydrocephalus."</b></p> <p>2 <b>What is hydrocephalus?</b></p> <p>3 A. That's water in the ventricles, where the</p> <p>4 ventricles might be swollen.</p> <p>5 <b>Q. Okay. And it says, "I consulted by phone to</b></p> <p>6 <b>Dr. Godersky on this. I did not ask him to attend to</b></p> <p>7 <b>the patient as he indicated, that there was no</b></p> <p>8 <b>operative treatment for this given no hydrocephalus."</b></p> <p>9 <b>If you could explain that to me. What was --</b></p> <p>10 A. With a subarachnoid hemorrhage, they can go</p> <p>11 in and put in a shunt to relieve a lot of the pressure</p> <p>12 and help the edema. The indication for doing that is</p> <p>13 if the ventricles are enlarged, meaning they have</p> <p>14 hydrocephalus, then that's an indication to go in and</p> <p>15 decompress that to help the brain out. But in this</p> <p>16 case, her ventricles -- his ventricles wouldn't --</p> <p>17 were fairly normal, and so that wouldn't -- that</p> <p>18 wouldn't help.</p> <p>19 <b>Q. Okay. So it was your understanding that he</b></p> <p>20 <b>wasn't going to be able to help the patient, first of</b></p> <p>21 <b>all, because of his clinical presentation?</b></p> <p>22 A. Correct, yeah.</p> <p>23 <b>Q. Was it also because of the extent of</b></p> <p>24 <b>cerebral edema?</b></p> <p>25 A. No. No. Well, yes, secondarily. I mean,</p>	<p>1 that I'm expecting you to testify about Dr. Lee's</p> <p>2 assessment of this patient. That's not my intent of</p> <p>3 showing that to you. So Exhibit 23, at the top, it</p> <p>4 says, "Date of Admission: 4/19; Date of Discharge:</p> <p>5 4/20." Is that correct?</p> <p>6 A. Correct.</p> <p>7 <b>Q. And this is admitting diagnoses, discharge</b></p> <p>8 <b>diagnoses by Dr. Lee. Is that correct?</b></p> <p>9 A. Yes.</p> <p>10 <b>Q. She noted that he had been -- "He apparently</b></p> <p>11 <b>had been complaining of a headache" -- and I'm looking</b></p> <p>12 <b>under "Introduction."</b></p> <p>13 <b>"He apparently had been complaining of a</b></p> <p>14 <b>headache beginning the night before. The patient's</b></p> <p>15 <b>wife stated that he complained of a headache was</b></p> <p>16 <b>located in the back of his head and radiated up to the</b></p> <p>17 <b>top. He went to ANMC for an evaluation at 10 a.m."</b></p> <p>18 <b>Do you have any recollection of the wife</b></p> <p>19 <b>describing the headache to you that her husband had?</b></p> <p>20 A. I don't. I don't think I probably would</p> <p>21 have gotten that specific with her.</p> <p>22 <b>Q. And is that just because that this was an</b></p> <p>23 <b>emergent situation or --</b></p> <p>24 A. Correct.</p> <p>25 <b>Q. And your focus was on trying to attend to</b></p>

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